Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004503	A. BUILDING: _____ B. WING _____	C 04/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAFAYETTE BICKFORD COTTAGE	3633 REGAL VALLEY DR LAFAYETTE, IN 47901

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint # IN00126796. Complaint # IN00126796- Unsubstantiated due to lack of evidence. Survey date: April 11, 2013 Facility number: 004503 Survey team: Michelle Carter, RN- TC Census bed type: NCC- 16 Total= 16 Census Payor type: Other- 16 Total= 16 Sample: N/A Lafayette Bickford Cottage was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint # IN00126796. Quality Review 04/15/13 by Lisa McColly	R 000		